

Receipt of Human Remains at Crematory

Please review and provide the required information below: (Print Legibly or Type)

Decedent Information	Full Name (Last, First, Middle Name)			
	DOB:	DOD:	Time of Death	Gender (M/F)
Receipt of Human Remains (Provide Requested Information)	Date and Time of Receipt of Human Remains: Date: _____ Time: _____			
	From: (Circle One) Funeral Establishment / Person with Right to Final Disposition / Other			
	(Only provide information that applies to the circled item above)			
	Name of Establishment / Individual or Persons:			
	Street Address:			
	City:	County:	State:	Zip:
	Phone Number(s):			
Verifications	Jewelry Removed: (Circle One) YES / NO If Yes: Attach Authorization - if No, need authorization to cremate all remaining jewelry -			
	Wandering Performed: (Circle One) YES / NO Foreign Objects in body: Do not Accept Remains			
	Radiological Implants: (Circle One) YES / NO Date Allowed to Cremate: ____-____-____ - if Yes, (at least 5 days from placement of implant or 5 days from receipt of human remains)			
	Foreign Objects with body not safe to be cremated: (Circle One) YES / NO If Yes, return to person delivering Human Remains: _____ List Items: (Items not safe for cremation) - (Print): _____			
Date & Time Refrigerated				

Name of Delivery Person and License #/Registration # (Print Full Name – Last, First, MI): _____

Signature: _____ Date: _____ Permit/License # _____

Name of Crematory Operator and License #/Registration # (Print Full Name – Last, First, MI): _____

Signature: _____ Date: _____ Permit # _____

Release of Cremated Human Remains from Crematory

Please review and provide the required information below: (Print Legibly or Type)

Cremation Date ____-____-____	Cremation Disc #	Cremated By:	
Release of Cremated Human Remains (Select One and answer all questions)	Release Date and Time of Cremated Remains		
	DATE (XX/XX/XXXX):		TIME (XX:XX AM/PM):
	Person Accepting Cremated Human Remains:		
	Print Full Name (Last, First, MI):		
	FROM: (Circle One) Funeral Establishment / Transporter / Person Acting as Funeral Director		
	Name of Funeral Establishment / Person:		
Street Address:			
	City:	County:	State: Zip:

Name of the Person Accepting the Cremated Human Remains: _____

Signature: _____ Date: _____ License/ Permit # _____

Name of Certified Crematory Operator Releasing Cremated Human

Remains: Signature: _____ Date: _____ Permit# _____

**Final Verification of Human Remains To Be Cremated
(Immediately Before Placement in Cremator)**

Please review and provide the required information below: (Print Legibly or Type)

Date: _____

Decedent (Print Full Name – Last, First, Middle Name): _____

Date of Death (Month/Day/Year): _____ Time of Death: _____

Cremated within 48 Hours of Receipt: (Yes or No): _____ If No Explain Why: _____

Certified Crematory Operator Completing Form (Print Full Name – Last, First, MI): _____

Permit #: _____

Check List	Final Verification Completed (Yes/No)	If No, "STOP" Take Following Action
Copy of File Death Certificate		
All Items Appear Consistent with Copy of Death Certificate		
• Gender		
• Race		
• Age		
Verify Name with Name on Death Certificate		
Burial Transit Permit		
Cremation ID Form		
Cremation Authorization Form		

Signature of Certified Crematory Operator

Date